

etc.) is clearly presented, and although the neurologic lesions are definitive under circumstances of rigidly controlled dietetic restrictions, similar changes occurring in the human subject are hardly possible because of the myriad protective effects of other substances taken in the mixed diet. The possible exceptions to the above are xerophthalmia and hemeralopia, which may occur with relatively minor vitamin A deficiencies. Mellanby has also shown that there is an associated osseous dysplasia (bone overgrowth) around the central nervous system structures in vitamin A deficiencies.

Part II of the volume deals with the anticalcifying or rachitogenic action of cereals. The experimental evidence for the anticalcifying effect of phytic acid and the protective effects of vitamin D are well presented. Although this book may be of value to workers in the field of research in nutrition, the volume is of limited use to the physician, as it deals with a subject which is still in a controversial state.

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**QUINIDINE IN DISORDERS OF THE HEART.** By Harry Gold, M.D., Professor of Clinical Pharmacology, Cornell University Medical College, Paul B. Hoeber, Inc., New York, 1950. \$2.00.

Gold's monograph of 100 pages is the first book dealing solely with the use of the important drug quinidine. The author has followed a uniform plan and has discussed in turn the details of indications, therapeutic actions, toxic actions, effect on the electrocardiogram, clinical pharmacology, dosage, and the prevention and treatment of all the minor and major arrhythmias with which the practitioner may be presented. There is a very brief discussion of quinidine in children and of alternative routes of administration, and a chapter on combined use of quinidine and digitalis. The section on pharmacology of the drug is clear and concise, as would be expected from the special qualifications which the author has in this field. The reviewer strongly concurs in Gold's statement that "the use of inflexible systems of dosage is responsible for a large share of the defeats in quinidine therapy, and some of the disasters." Gold indicates, but does not emphasize as clearly, that the disasters are often due as much to failure of careful supervision, with repeated clinical and electrocardiographic observations during and after conversion of an arrhythmia, as to the inflexibility of the system of dosage.

The major criticism that the reviewer has of the monograph concerns Gold's handling of the chapter on chronic auricular fibrillation. Many cardiologists would disagree with his statement (on page 53) that the use of quinidine in long-standing auricular fibrillation has, for the most part, been abandoned. He admits that quinidine is blamed for accidents which are purely coincidental, yet stresses the fact of occasional serious complications of quinidine therapy without giving sufficient emphasis to the hazards of auricular fibrillation per se, and to the benefits that may be obtained by converting some patients with auricular fibrillation to normal rhythm.

One might question the author's recommendation to avoid the simultaneous use of quinidine and digitalis whenever possible. His stress on the toxicity of quinidine in animals poisoned with digitalis does not do justice to the clinical fact that the two drugs have been repeatedly used in combination without difficulty when poisoning with either drug is avoided. If quinidine is used without prior digitalization in patients with auricular fibrillation, acceleration of the ventricular rate with quinidine may be so great as to force cessation of quinidine therapy.

With the reservations noted in the discussion of chronic auricular fibrillation and of the combined use of digitalis and quinidine, this monograph can be strongly recommended to the practitioner as an excellent guide to the understanding and successful use of quinidine.

**DIFFERENTIAL DIAGNOSIS OF CHEST DISEASES.** By Jacob Jesse Singer, M.D., Medical Director of the Rose Lampert Graff Foundation, Beverly Hills. Lea & Febiger, Philadelphia, 1949. \$7.50.

This book appears to be somewhat unbalanced. For example, coccidioidomycosis is given one-fourth of a page with no mention of the generally accepted diagnostic procedures, while there is a complete chapter on hydatid cyst of the lung and another chapter on lipoid pneumonia.

The title of the book excludes therapeutic considerations, which will greatly curtail the value of this volume to many physicians. However, the author is inconsistent in devoting considerable space to surgical treatment of pulmonary tuberculosis. Insufficient consideration is given to the modern bacteriologic methods of diagnosing pulmonary tuberculosis. Too much emphasis is placed upon bronchoscopy as a diagnostic procedure in bronchiectasis, and so important a disease as pulmonary embolism is neglected.

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**HORMONES IN CLINICAL PRACTICE.** By H. E. Nieburgs, M.D., Research Associate Department of Endocrinology, Assistant Professor, Department of Oncology, University of Georgia. Paul B. Hoeber, Inc., New York, N. Y., 1950. \$5.50.

The author of this book is a research endocrinologist who originally worked in England and who is now at the University of Georgia in this country. His style and interpretations show characteristics of training in endocrinology on both sides of the Atlantic.

In the general format of the book, separate chapters are devoted to the hormones of a given gland of internal secretion. Each one starts with a rather extensive discussion of the physiology and then proceeds directly to a list of the preparations available for clinical use, with the indications for them, and the dosage. Generally there is little or no discussion of the pathology, or clinical descriptions of the various endocrine diseases—as is indicated by the title of the book. While this has allowed the author to be more complete in the material he does cover, it also narrows the range of usefulness of the book as a reference work for the ordinary practicing physician.

There are also chapters on the pineal and thymus glands, on psychosomatic endocrinology, on non-hormonal substances used in endocrinology, and on vitamin-hormone relationships. They are short, and represent principally the collection and discussion of some bibliography on these subjects.

Toward the end of the book is an extensive chapter on endocrine diagnostic procedures. These are well described, but one has the impression that the compilation is not quite up to date. For instance, 11 pregnancy tests are listed, but the recent test using male frogs and toads which is now coming into considerable acceptance is not included. The count of circulating eosinophils now widely used by endocrinologists in estimating adrenal cortical function also is not mentioned.

Finally, a list of commercial preparations is appended. Although the author makes no claims for completeness, it is an extensive list, and may be of some help. One example of an apparent omission is the lack of distinction between the types of methyl testosterone that are prepared to be swallowed or to be administered sublingually or for buccal absorption. It is always difficult to keep such a list up to date.

The book is an admirable piece of work, but some criticism seems indicated by the following observations: In the physiological sections, there are occasional quite dogmatic statements regarding matters which are still in a state of discussion in many laboratories and are not generally accepted as having been proven. Various preparations are listed, with dosage, etc., which have very little clinical application. These are listed with the more generally used